## Certification

I declare to the best of my knowledge and belief that the attached document(s) are true electronic copies of the
executed collective negotiations agreement(s) and the included summary is an accurate assessment of the collective
bargaining agreement for the term beginning 1/1/2013 thru 12/31/2017.

Employer:	County of Hudson
County:	Hudson
Date:	3/13/2017
Name:	Patrick M. Sheil
	Print Name
Title:	Director of Labor Relations
	Total M. Sharl
	Signature